



Attorney Docket No. CONLIN-04036

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Asgeir Saebo *et al.*

Serial No.: 09/438,104

Group No.: 1614

Filed: November 10, 1999

Examiner: Jones

Entitled: **Conjugated Linoleic Acid Compositions**

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**AMENDMENT AND RESPONSE TO OFFICE ACTION
DATED FEBRUARY 26, 2003**

6/09/03

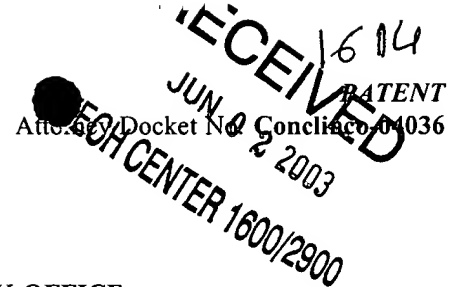
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<p align="center">CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)(1)(i)(A)</p> <p>I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450</p> <p>Dated: <u>May 27, 2003</u></p> <p>By: <u>Mary Ellen Waite</u> Mary Ellen Waite</p>

Sir:

This is in response to the Office Action mailed February 26, 2003, setting a shortened statutory period which ends on or before May 26, 2003. Applicant respectfully requests reconsideration of the application in view of the following amendments and remarks.

A clean version of the rewritten, added, and/or cancelled claims with instructions for entry pursuant to 37 C.F.R. §1.121 (c)(1)(i) is included beginning on page 2 of this communication. A marked-up version of the rewritten, added, and/or cancelled claims pursuant to 37 C.F.R. §1.121 (c)(1)(ii) is attached as Appendix I. A clean version of the entire set of pending claims pursuant to 37 C.F.R. §1.121 (c)(3) as they would appear following entry of this amendment is attached as Appendix II.




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AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O.Box 1450
Alexandria, VA 22313-1450

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Dated: May 27, 2003	By:  Mary Ellen Waite

Sir or Madam:

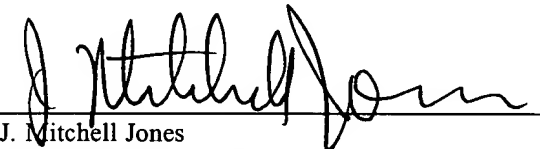
Transmitted herewith is an amendment for this application. The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
Total Claims	18	—	20	0	×	18.00	\$0.00
Independent Claims	6	—	6	0	×	84.00	\$0.00

TOTAL DUE 0.00

1. No additional fee is required.
2. Please charge any additional fees, including any fees necessary for extensions of time, or credit overpayment to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

Dated: May 27, 2003

By: 
J. Mitchell Jones
Registration No. 44,174

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